



# EPISCOPAL CITY MISSION

## Birthday Social Attendance Sheet

Site:

Date:

Organization/Parish:

**Please print first & last name of volunteers below.**

Did the youths' experience of pizza, soda, ice cream, and gifts together with presence of volunteers create a seamless experience of being valued, appreciated, and considered by others in the community?

Yes

No

Why/why not? *Use the reverse side of this page to explain, if necessary.*

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**NAME AND SIGNATURE OF CONTACT PERSON**

Please remember to email any pictures you take of the event along with this form to [office.manager@ecitymission.org](mailto:office.manager@ecitymission.org).